

Essential Services Intake

Client Information

First Name: _____ Last Name: _____
Middle Name: _____ Mother's Maiden Name: _____
Date of Birth: ____/____/____ Age: _____
Birth City: _____ Gender: ☐ Male ☐ Female
Social Security: _____ - _____ - _____
Relationship in Family/Group: ☐ Individual (not affiliated with family) ☐ Head of Household (affiliated with family)
☐ Spouse (affiliated with family) ☐ Child (affiliated with family)
☐ Other (affiliated with family)

Optional Data

Height: ____ ft. ____ inches Eye Color: ☐ Brown ☐ Blue ☐ Green
Primary Language: _____ Citizen: ☐ Yes ☐ No ☐ Don't know ☐ Refused

Characteristics:

Hispanic Ethnicity: ☐ Yes ☐ No ☐ Don't know ☐ Refused Veteran: ☐ Yes ☐ No ☐ Don't know ☐ Refused
Disabling Condition: ☐ Yes ☐ No ☐ Don't know ☐ Refused
Racial Group:
☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Hawaiian or Pacific Islander
☐ White or Caucasian ☐ Other Racial Group
Prior Living Housing Situation (over 30 days ago):
☐ Emergency Shelter ☐ Trans. Housing for Homeless Persons ☐ Psychiatric Hospital/Facility
☐ Perm. Sup. for formerly Homeless ☐ Substance Abuse Treatment Facility/Detox ☐ Hospital
☐ Jail/Prison or Juv. Detention ☐ Room/apt./house that they rented ☐ Apt/House that they owned
☐ Staying or Living w/ Family ☐ Stay or Living w/ Friend ☐ Foster Care home/grp. Home
☐ Hotel/Motel not paid by ES ☐ Place not meant for Habitation ☐ Safe Haven
☐ Other _____ ☐ Don't Know ☐ Refused
Duration of Prior Living Situation:
☐ 1 week or less ☐ Over 1 week, less than 1 month ☐ 1 to 3 months
☐ Over 3 months, less than 1 year ☐ 1 year or longer ☐ Don't Know
☐ Refused
Zip Code of Last Permanent Address:
Quality of Zip Code: ☐ Full Zip Code ☐ Partial Zip Code ☐ Don't know ☐ Refused
Housing Status:
☐ Literally Home ☐ Imminently risk of being Literally homeless ☐ Housed and at risk of losing housing:
☐ Stably Housed: ☐ Refused